



Volunteer Registration Form

Name or Group Contact: _____

Group Name: _____

Mailing Address: _____

Street

Town/City

Zip

Daytime Phone: _____

Evening Phone: _____

Email: _____

Preferred neighborhood or area: _____

How many volunteers would you be bringing (incl. yourself)? _____

Will there be any volunteers under 18? Yes _____ No _____

I (We) are interested in the following:

☐ LITTER REMOVAL

☐ COMMUNITY IMPROVEMENT

☐ RECYCLABLES

☐ Please contact our group to help us plan our community cleanup.

Signature of Volunteer or Group Contact: _____

(If under 18, parent/guardian signature required)

Submit form to Romie Ruiz, ESD Partnerships via fax or email at:

Fax: (915) 621-6711 or RuizAR@elpasotexas.gov





Community Cleanup Registration Form

Name of Neighborhood, site or area: _____

Contact Person: _____

Mailing Address: _____

Street

Town/City

Zip

Daytime Phone: _____

Evening Phone: _____

Email: _____

Do you have volunteers confirmed for cleanup? Yes _____ No _____

If not, estimated number of volunteers needed: _____

My neighborhood or selected site needs the following help:

☐ LITTER REMOVAL

☐ COMMUNITY IMPROVEMENT

☐ RECYCLABLES

WILL YOU NEED A ROLL-OFF FOR YOUR CLEANUP? Yes _____ No _____

☐ Please contact our group to help us plan our community cleanup.

Signature of Neighborhood Contact: _____

(If under 18, parent/guardian signature required)

Submit form to Romie Ruiz, ESD Partnerships via fax or email at:

Fax: (915) 621-6711 or RuizAR@elpasotexas.gov

